

Name
in
Full

CERTIFICATE OF DEATH

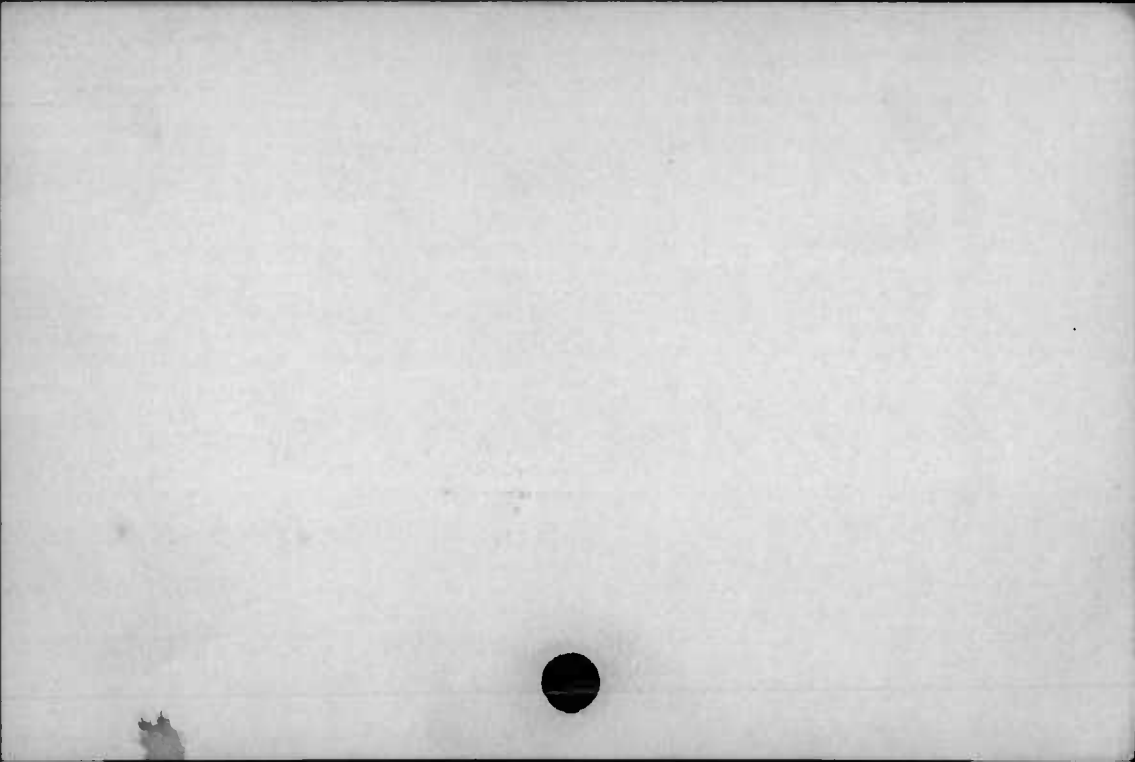
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryanza</i>		Town <i>St. Marys</i>		County <i>St. Marys</i>		MARYLAND				
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>29</i>		Age <i>45</i>		Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>						
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Birn</i>								
Father's Name <i>-</i>				Father's Birthplace						
Mother's Maiden Name				Mother's Birthplace						
Name of person giving information				How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. B. Johnson</i>
	Address <i>Maryanza</i>
Accident or Suicide?	



Name
in
Full

Michael Honahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>San Leon</i> ^{Town}		<i>St Francis</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Nov</i> ^{Month}	<i>13</i> ^{Day}	Age <i>56</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>—</i>		
Occupation <i>Bridger</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Capt. John C. Harpur</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>64</i>
Immediate		How long	<i>an hour or less</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. F. Greenwell</i>	
		Address <i>Lernardtown</i>	
Accident or Suicide?		<i>Ind</i>	



Name
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Full

John Noah Lawrence

CERTIFICATE OF DEATH

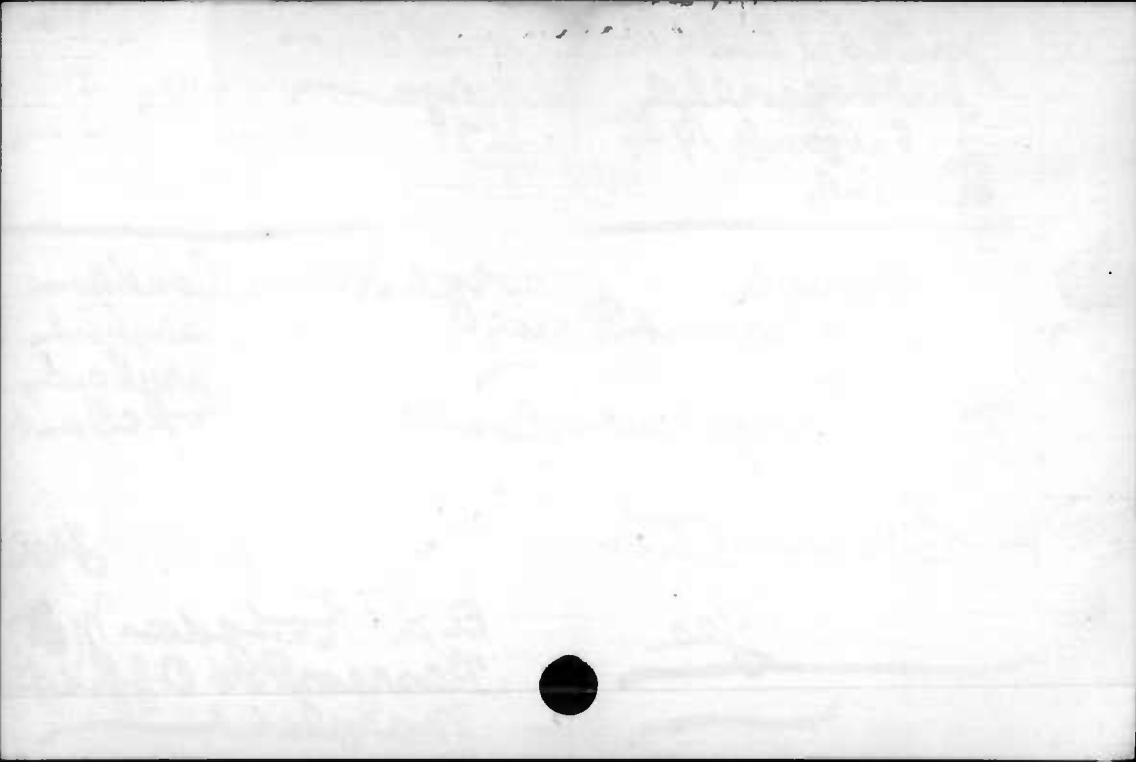
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blacksburg</i> ^{Town}		<i>St. Mary's</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>11</i>	Day <i>15</i>	Age <i>40</i>	Months ____ Days ____
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Occupation <i>Steamer</i>			Where Residing if not at place of death <i>Palmer's ind</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband ____			
Father's Name <i>John Lawrence</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Elyza Lawrence</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Elyza Lawrence</i>			How related to deceased ____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Drowning</i>	How long ____
Immediate	<i>Accidental Drowning</i>	How long ____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Robt. V. Palmer</i>
		Address <i>Palmer's ind</i>
Accident or Suicide? ____		



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CERTIFICATE OF DEATH

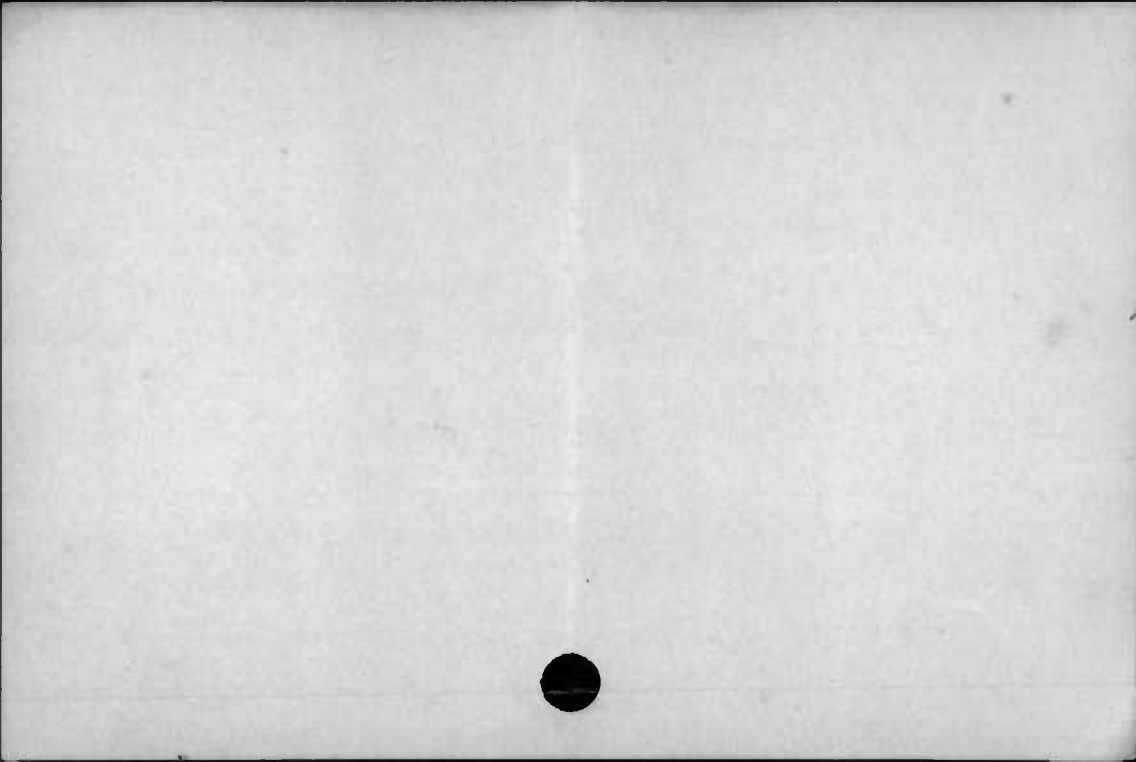
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Isabelle Loudon</i>		Town <i>Garboesville</i>		County <i>St. Marys</i>		MARYLAND	
Died at <i>Garboesville</i>		Month <i>November</i>		Days <i>19</i>		Age <i>27</i>	
Date of death <i>1905 November 19</i>		Months <i>27</i>		Years <i>27</i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Harris Loudon</i>					
Father's Name <i>James Vincent Price</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Miss Coombs</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>George Harris Loudon</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>
Immediate <i></i>	How long <i>About 3 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. E. Hodgdon M.D.</i>
<i></i>	Address <i>Pearson Post Office Maryland</i>
Accident or Suicide? <i></i>	



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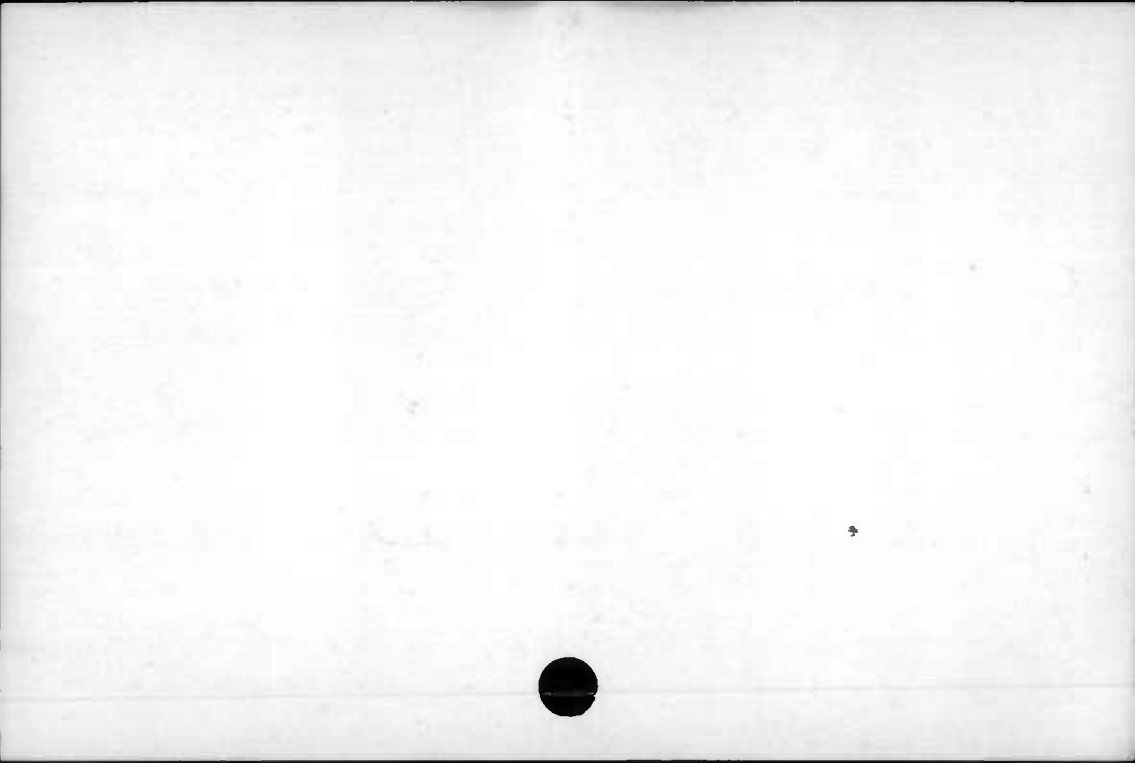
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John McGlinery</i>		Town <i>Laurel Grove</i>		County <i>St. Mary's</i>		MARYLAND	
Died at <i>Laurel Grove</i>		Month <i>Apr.</i>		Day <i>24</i>		Years <i>62</i>	
Date of death <i>1905</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Laurel Grove</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Dixon</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drinking (Alcoholism)</i>	How long <i>Several years</i>
Immediate <i>Convulsion</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Zach. R. Morgan</i>
	Address <i>Mechanicville Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

John L Norris

Town

County

Died at

Lernardtown

St Marys Co

MARYLAND

Date

of death *1905*

Month

Nov

Day

21

Age

Years

68

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

St Marys Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah A Norris

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Joseph W Norris

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Prostatitis

How long

18 mos

Immediate

Chronic nephritis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. F. Greenwell

Address

Lernardtown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Rose Rae

Died at ^{Town} St. George's Island ^{County} St. Mary's MARYLAND

Date 1905 ^{Month} Nov, ^{Day} 28 ^{Y.} Age 74 ^{M.} - ^{D.} - ^{Native of} Maryland ^{Occupation} Housekeeper

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} Number of children living 6

Husband of George Rae Sr.

Wife

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary Pulmonary Tuberculosis How long sick 6 Months

Death { Immediate Exhaustion ^{Accident, Suicide, Homicide}

Reported by S. Hopper Smith, M.D.,

Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Scottdale

Town

St Marys

County

Date

of death *1906*

Month

Nov

Day

30

Age

Years

58

Months

—

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Henry Smith

Father's
Birthplace

MD

Mother's
Maiden Name

Ellas Young

Mother's
Birthplace

MD

Name of person giving
In formation

J. Frank Smith

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Diabetes

How long

50 years

Immediate

Exhaustion

How long

26 hours

Are the name, age, sex, color, date
and place correctly given above?

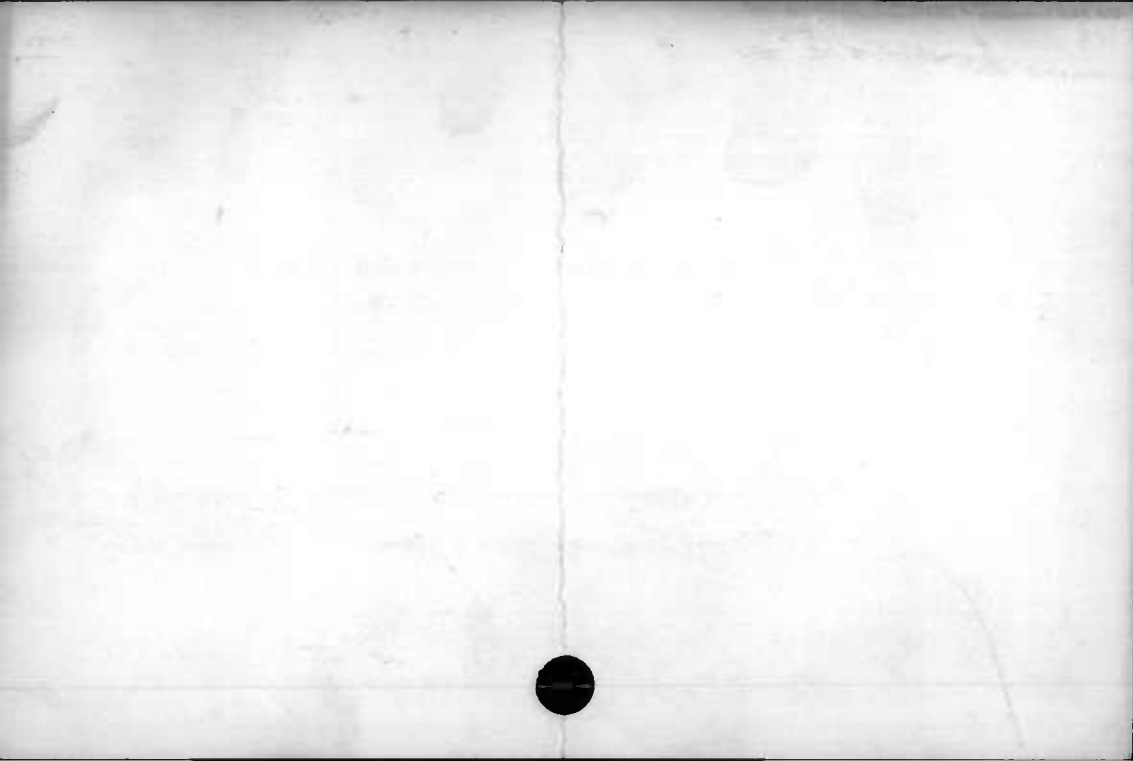
Yes

Signature of
Physician

Address

*Dr. Leonard, M.D.
Ridge, Md*

Accident or Suicide?



Name in Full

Certificate of Death

Town

Emma Thomas

County

St. Mary's

MARYLAND

Died at

Valley Lee

Date 19

05

Month

Day

Y.

M.

D.

Native of

Occupation

11 16

Age

4 2 6

Med.

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Alfred Thomas

Mother's

Maiden Name

Rebecca Thomas

Cause of

Primary

When Gracious Crisp

How long sick

12 Hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

Lewis T. Clarke

Address

St. Mills St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Eva E. Weir

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Broom

Steuers

Date

of death 1905

Month

November

Day

14

Years

Age 4

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Steuers Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James E. Weir

Father's
Birthplace

Steuers Co

Mother's
Maiden Name

M. E. Muddy

Mother's
Birthplace

Steuers Co

Name of person giving
In formation

Henry A. Weir

How related
to Deceased

Brother

CAUSES OF DEATH

Primary

Acute Nephritis

How long

3 weeks

Immediate

Coma

How long

Two hours

Are the name, age, sex, color, date
and place correctly given above?

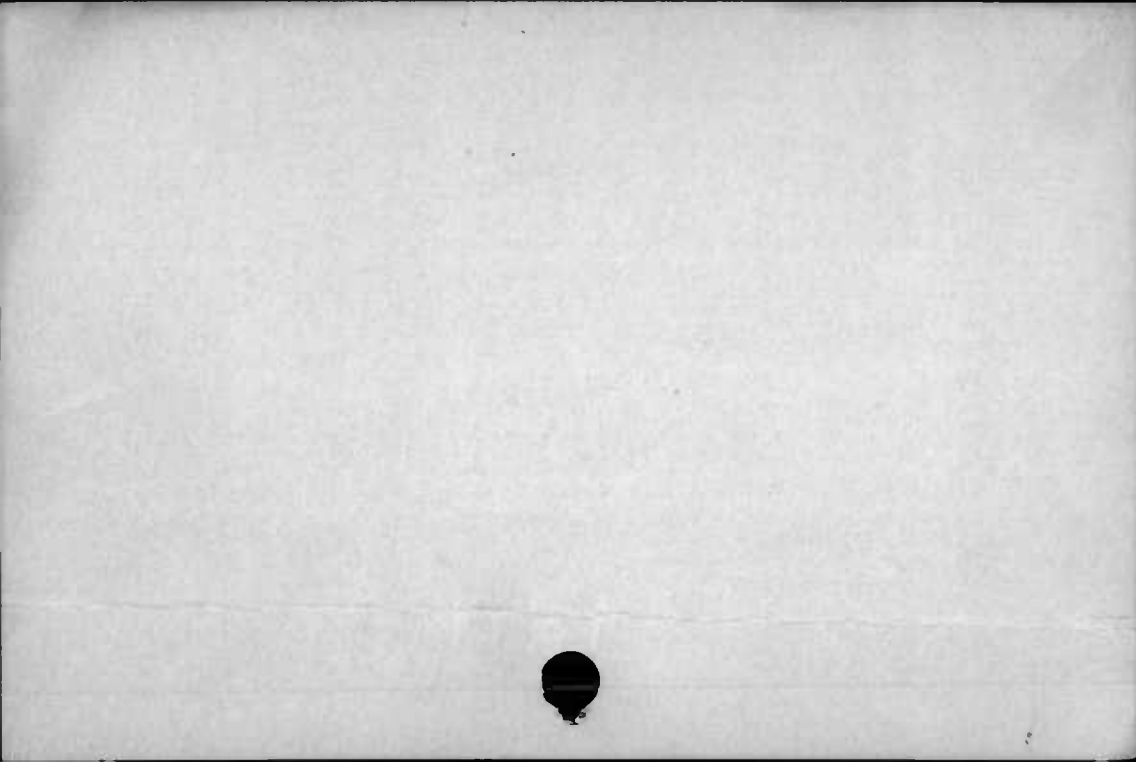
yes

Signature of
Physician

Address

H. E. L. L. L.
Leonardtown

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

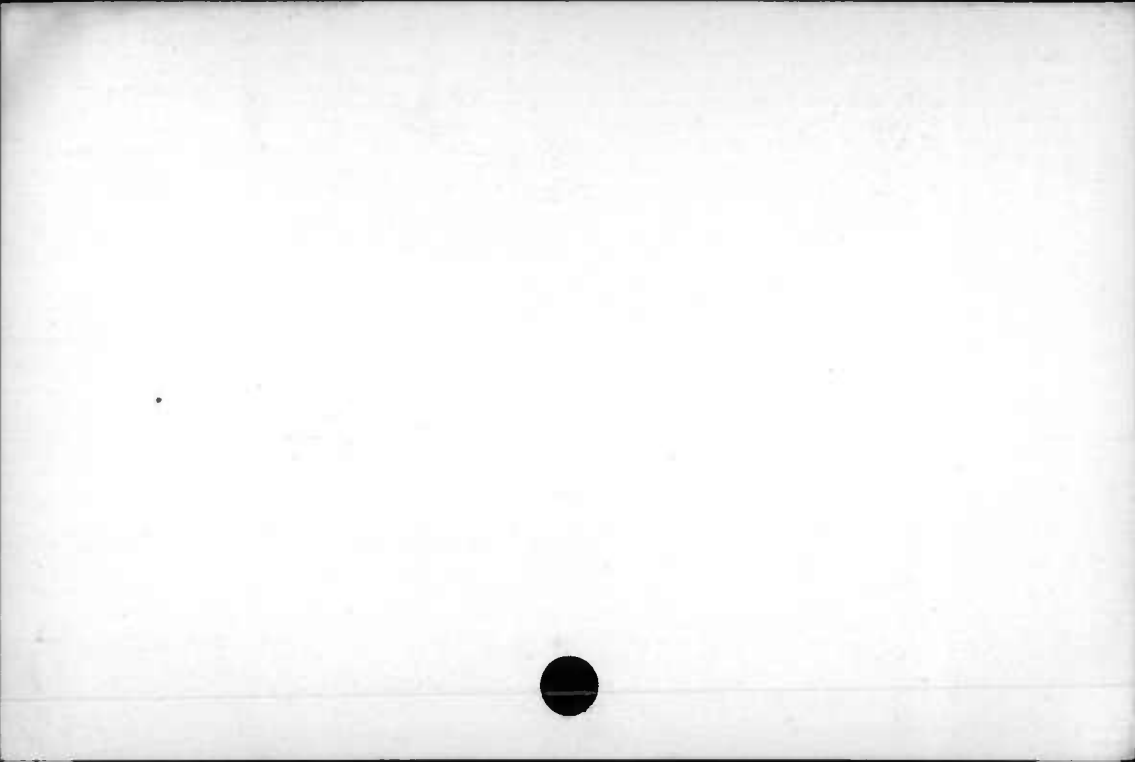
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hollywood</i> Town		<i>St Marys</i> County		MARYLAND	
Date of death <i>1905</i>		Month <i>Nov</i>	Day <i>12</i>	Age Years	Months Days
Sex <i>male</i>	Color or Race <i>black</i>	Birth-place <i>Maryland</i>			
Occupation <i>Cyrtman</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Henry Williams</i>	Father's Birthplace				
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace				
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Hip</i>	How long <i>2 yrs</i>
Immediate <i>Anemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Q. King</i>
<i>as far as I know</i>	Address <i>Bethesda Md</i>
Accident or Suicide?	



Name
in
Full

Celista Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Palmer Town St. Mary's County
Date of death 1905 Month 11 Day 1 Age 1 Years Months 8 Days —
Sex Female Color or Race Colored Birth-place und
Occupation — Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's Name John B. YoungFather's Birthplace undMother's Maiden Name Elyabeth HowardMother's Birthplace undName of person giving
Information John B. YoungHow related
to deceased Father

CAUSES OF DEATH

Primary Acute colitisHow long 14 days

Immediate

How long

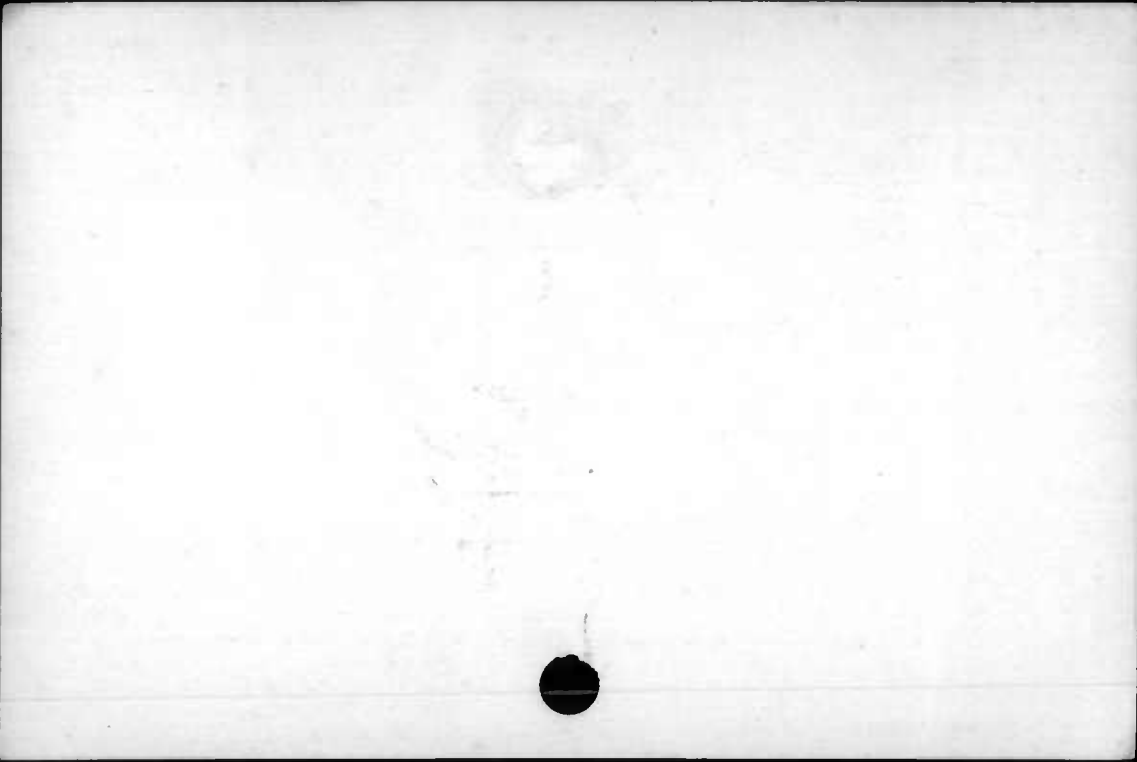
Are the name, age, sex, color, date
and place correctly given above?yes.Signature of
PhysicianRoll V. Palmer

Address

Palmer

Accident or Suicide?

und.



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Riverview		St. Mary's		MARYLAND			
		Date of death		1901	Month 11	Day 14	Age	Years —	Months 3	Days —	
		Sex		male		Color or Race		Colored		Birth-place	
		Occupation		—		Where Residing if not at place of death		—		—	
		Married, Single or Widowed		—		Name of Wife or Husband		—		—	
		Father's Name		John Young		Father's Birthplace		—		—	
		Mother's Maiden Name		Elizabeth Woodland		Mother's Birthplace		—		—	
Name of person giving information		John Young		How related to deceased		Father		—			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long		105			
		Immediate				Gastro Enteritis		How long		3 weeks	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		R. A. V. Palmer			
		yes				Address		Palmer			
		Accident or Suicide?				—		—		—	

